**Vaccination Outreach/Event Grant Application**

**Organization Legal Name:**

**EIN:**

**Mailing Address:**

**Name of Staff Completing Application:**

 **Title:**

**Phone Number:**

 **Email Address:**

**ORGANIZATION OVERVIEW**

Provide a brief description of your organization including:

* When was your organization established?
* What is your mission?
* Who do you serve and in what geographic region?
* What type of services do you currently provide?

**DEMOGRAPHICS & COMMUNITY REPRESENTATION**

* What is the racial demographic breakdown of your client base?
* How is your organizational leadership reflective of the community you serve?

**PROJECT NARRATIVE**

Describe the proposed project or event including the following:

* When and where will it take place?
* What activities are being proposed?
* How many individuals do you expect this project to connect with?
* How will the proposed project increase your client’s knowledge about vaccinations?

**BUDGET**

Complete the chart and describe below how your requested funds will be used for this project.

|  |
| --- |
| **Budget Summary**  |
| **Budget Category** | **Request** |
| **Personnel:** (Please List By Title) |   |
|   |   |
|   |   |
|   |   |
| Fringe Benefits |   |
| Travel Reimbursement  |   |
| Program Supplies |   |
| **Other Costs:** (Please List Below) |   |
|  |   |
|  |   |
|   |   |
| **TOTAL REQUEST** | **$0** |

**Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**